

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/831063

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3		2		2			53					
4		2		2			54					
5		4		4			55					
6		8		8			56					
7		4		4			57					
8		1		1			58					
9		1		1			59					
10		1		1			60					
11		1		1			61					
12		1		1			62					
13		1		1			63					
14	1		1				64					
15		1		1			65					
16		2		2			66					
17		4		4			67					
18							68					
19							69					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		2				TOTAL IND.					
TOTAL DEP.		10		10			TOTAL DEP.					
TOTAL CLAIMS	1	10	2	10			TOTAL CLAIMS					